



STATE OF INDIANA

INDIANA STATE EXCISE POLICE

302 W. Washington Street, Room E-114
Indianapolis, Indiana 46204
www.in.gov/iseip

EXCEPTION FROM SMOKING BAN

The owner / authorized representative, _____, hereby certifies that the business, _____, is excepted from the statewide smoking ban pursuant to Ind. Code § 7.1-5-12-5. The business is one of the following:

_____ A horse racing facility operated under a permit under IC 4-31-5 and any other permanent structure on land owned or leased by the owner of the facility that is adjacent to the facility.

_____ A riverboat and any other permanent structure that meets the requirements outlined in IC 7.1-5-12-5(2).

_____ A facility that operates under a gambling game license that meets all the requirements outlined in IC 7.1-5-12-5(3).

_____ A satellite facility licensed under IC 4-31-5.5.

_____ An establishment owned or leased by a business that operates a smoke shop, cigar bar, hookah bar or similar business that meets all the requirements outlined in IC 7.1-5-12-5(5).

_____ A social or fraternal club that meets all the requirements outlined in IC 7.1-5-12-5(6). *(Note: Attach copies of minutes indicating that members voted to allow smoking on the premises within the previous two years and a floor plan indicating the designated smoking room.)*

_____ A retail tobacco store used primarily for the sale of tobacco products and tobacco accessories that meets all the requirements outlined in IC 7.1-5-12-5(7).

_____ A bar or tavern that meets all the requirements outlined in IC 7.1-5-12-5(8).

_____ A cigar manufacturing facility that does not offer retail sales.

_____ A premises of a cigar specialty store that meets all the requirements outlined in IC 7.1-5-12-5(10).

_____ The premises of a business that is located in the business owner's private residence (as defined in IC 3-5-2-42.5) if the only employees of the business who work in the residence are the owner and other individuals who reside in the residence.

I certify that this supplement was completed by me and that any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.

Signature of Owner or Representative

Date (*month, day, year*)

Name of Business or Corporation

Alcoholic Beverage Permit No.

Tobacco Certificate No.

Doing Business As

Address (*number and street*)

City, State ZIP code

County

Telephone Number

Alternate Telephone Number

Mail or Deliver Completed Form to:

Indiana Alcohol & Tobacco Commission
302 W. Washington Street, Room E-112
Indianapolis, IN 46204

After a review of the submitted form, you will be contacted by a representative of the Indiana State Excise Police to arrange for an inspection of your business prior to the approval of your request.

For Office Use Only

Date Received _____

Excise District _____

Date Reviewed _____

☐

Approved

☐

Not approved

Officer _____

Badge # _____